

TO THE PARTY OF THE PARTY AND	V 0 0M 1	FORM	STATEMENT
FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE:	1-2 PM 1:42	DR-1	OF
This is an initial* Statement of Organization This is an amended Statement of Organization	5 17 BUT 18	(Rev. 01/2006)	ORGANIZATION
Inis is an amended" Statement of Organization	<u> </u>	For Office Use	Only
*An Initial Statement of Organization must be filed within 10 days of the commeking expenditures, or incurring indebtedness exceeding \$750. Amendm	nmittee's accepting contributions,	Comm. #	
a Change. Penalties may be imposed for late-flad Statemante of Organisa	Hon A condition with an age a	Indexed	
GUINTINGOU INDI OXCOBCIS \$750 IN BRIVATU TOF BRAINAF RIMAG SHAII AND WITHIN 16	down althor a naw or amended	Audited	
UK-1 disclosing information concerning the campaign for the new office so	ight.		ا صحیت است
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the	candidate's last name in the name of	the committee \	
01 130		210 00/11/11/1000/	
IMPORTANT: Indicate type of committee you are reporting for:			
		10 mark - Comment O	
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot lesue(including committee involved in multiple city/county ballot lesues)			
(10) School Board or Other Political Subdivision PAC (11) Local Bal	lot lesue (including committee invo	ived in multiple cit	y/county ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	atory except for a c	andidate's committee)
- NANE - Se hult-	Name + +		
Mailing Address + V. E.	Mailing Address ↓ ↓		
City, State + Zip Code +	City, State 1 1 Zip Code 1 1		
Phone 0/2, 754- 39.35	Phone ()		
e-Mall	e-Mail		
INDICATE PURPOSE OF COMMITTEE - Check One Box D Adv	cette for/against candidate(s) Ac	tvocate for ballot iss	ue(s)
Comment or description:	Ac	vocate against balk	ot issue(s)
All Candidates Enter: Office Sought:	County/Local Candidates a	nd Local Ballot Co	mmittees Enter:
Political Party (If applicable) 3 50 blings	County: Oscard (If active in multiple ballot issue	e elections, attach i	st of countles
District: 3	Date of Election:		j.
Year Standing for Election:	Date of Election.	<u> </u>	•
Bank Account Name	Candidate name & Address or P	arent Entity (PACs.	f applicable).
Bank Account Name	Candidate name & Address or P	arent Entity (PACs. ffiliate, or Sponsor	if applicable).
Mike Schulte For Sugar Risor	1	ffilate, or Sponsor	f applicable).
Milke Schulte For Super Visor Name of Financial Institution/type of Account	1	arent Entity (PACs. ffiliate. or Sponsor	if applicable).
Milke Schulte For Super Visor Name of Financial Institution/type of Account	Micha « L Se'	ffilate, or Sponsor	if applicable).
Mike Schulte For Sugar Risor	Michael Se'	ffilate, or Sponsor	Zip + +
Mailing Address	Malling Address + + Noto 475 ar. City + 1	Milate or Sponsor	Zip ↓ ↓
Mailing Address Mank Account Name Milke Schulte For Super Visor Name of Financial Institution/type of Account La Donald Charles Mailing Address The Mark Struck A Struck The Mark Account Struck Mailing Address The Mark Struck The Mark	Michael Se' Malling Address 1 City 1 Sibley E	Milate, or Snoneor L. T. State	Zip ↓ ↓
Mailing Address City Sank Account Name Account Name of Financial Institution/type of Account Characteristic State To prove the state of the sta	Malling Address + + Noto 475 ar. City + 1	Milate, or Snoneor L. T. State	Zip ↓ ↓
Mailing Address Mank Account Name Milke Schulte For Super Visor Name of Financial Institution/type of Account La Donald Charles Mailing Address The Mark Struck A Struck The Mark Account Struck Mailing Address The Mark Struck The Mark	Michael Se' Malling Address 1 City 1 Sibley E	Milate, or Snoneor L. T. State	Zip ↓ ↓
Mailing Address City Sank Account Name Account Name of Financial Institution/type of Account Characteristic State To prove the state of the sta	Malling Address + + 1010 4 75 27 City + + S. blay 56 Phone (713) 754-	Milate, or Snoneor L. T. State	Zip ↓ ↓
Mailing Address City Sank Account Name Account Name of Financial Institution/type of Account Characteristic State To prove the state of the sta	Malling Address + + IDIO 475 &F. City + + S. blay 56 Phone (7/3) 754- e-Mall	Milate, or Snoneor L. T. State	Zip ↓ ↓
Mailing Address City State The	Michael Schalling Address 1 Malling Address 1 City 1 Sheey Te Phone (7/3) 754- e-Mall me the following:	Milate or Sponsor LTE State + + LUA S	Zip ↓ ↓
Maling Address Maling Address Maling Address State	Michael Scholars Amelling Address Amelling Address Amell Scholars Amelling Address Amell Scholars Amelling Address Amell Scholars Amelling Address Amell Scholars Amelians Ame	State + + SA and 6 chapters 68A and 6 se reports on or before	Zip ↓ ↓ SBB and the administrative the required due dates
Name of Financial Institution/type of Account Mailing Address Mailing Address Mailing Address State	Mailing Address + + + + + + + + + + + + + + + + + +	State + + State + St	2ip ↓ ↓ 3 3 4 9 38B and the administrative as the required due dates natty and the possible
Name of Financial Institution/type of Account Name of Financial Institution/type of Account Mailing Address City State J Zip J City State J Zip J STATEMENT OF AFFIRMATION: By filing this document the committee affiling in Chapter 351 of the Iowa Administrative Code. 2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclose subjects the candidate or chairperson (In the case of committees other than a can imposition of other criminal and civil sanctions.	Malling Address Halling Addr	State + + State + St	2ip ↓ ↓ 3 3 4 9 38B and the administrative as the required due dates natty and the possible
Name of Financial Institution/type of Account Name of Financial Institution/type of Account Mailing Address Mailing Address State	Mailing Address Halling Addr	State + State	2ip ↓ ↓ 3 3 4 9 38B and the administrative at the required due dates natty and the possible mmittee on all political shorter "paid for by" and
Name of Financial Institution/type of Account Mailing Address Mailing Address State	Mailing Address DID 475 City	State State	2ip
Name of Financial Institution/type of Account Name of Financial Institution/type of Account Mailing Address Mailing Address State	Mailing Address DID 475 City	State State	2ip
Name of Financial Institution/type of Account Name of Financial Institution/type of Account Mailing Address Mailing Address State	Mailing Address DID 475 City	State State	2ip
Name of Financial Institution/type of Account Name of Financial Institution/type of Account Mailing Address Mailing Address State The Stat	Mailing Address DID 475 City	State State	2ip